



AIDS
Projects
Management
Group

Youth Power Centers

USAID-funded Drug Demand Reduction
Program in Uzbekistan, Tajikistan, and the
Ferghana Valley Region of Kyrgyzstan

DDRP BEST PRACTICE
COLLECTION

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DDRP Best Practice Collection Series:

- **Youth Power Centers**
- Drug Demand Reduction Program
- Unique Identifier Code
- “Sister to Sister”
- Drug Free Treatment and Rehabilitation for Drug Users
- Drug Demand Reduction Education and Referral of Migrants
- Treatment Readiness for Drug Users
- Drug Free Public Social Spaces
- “Break the Cycle”
- Youth Positive Development

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INTRODUCTION AND OVERVIEW

The USAID-funded Drug Demand Reduction Program (DDRP) aims to address social problems among vulnerable populations involved in or at risk of involvement in drug use in Central Asia. DDRP activities in Uzbekistan, Tajikistan and the Ferghana Valley Region of Kyrgyzstan are a response to the dramatic rise in opiate injection in the region.

The term «drug demand reduction» is used to describe policies or programs aimed at reducing the consumer demand for narcotic drugs and psychotropic substances covered by international drug control conventions [1]. The countries covered under this program have experienced significant increases in opiate consumption due to geography and recent socio-political events including the collapse of the Soviet Union and the Afghan conflict. Heroin transiting through these countries has created epidemics of drug use, undermining already fragile economies and threatening to overwhelm health systems with HIV. This has also occurred in other nearby former Soviet republics. DDRP's mission is to engage all levels of society in reducing demand for heroin and other opiates. The program began in 2002 and will cease in 2007.

The Drug Demand Reduction Program involves a network of leading international organizations active in HIV prevention and drug demand reduction in the region.



The key components of DDRP are:

- educating target populations on drug-related issues
- promoting healthy lifestyles
- providing access to alternative occupational and leisure activities
- assisting in solving social problems
- supporting the development of pragmatic drug demand-reduction strategies at national and local levels.

This Youth Power Model is one of ten developed under DDRP for replication and contribution to HIV and drug demand reduction policy and program development in the Central Asian region.

The DDRP Youth Power Model

The Youth Power Center program is implemented by DDRP Partner, Population Services International (PSI), at seven sites located on major opiate trafficking routes in Central Asia. The Youth Power Program is implemented in tandem by PSI with the Break the Cycle program to reduce injecting drug user involvement in the initiation of non-users (See the DDRP Break the Cycle Model for more information.)

Youth Power Centers aim to reduce injection drug use among Central Asian youth and so help to avert an emerging HIV epidemic. To accomplish this goal, PSI used research with young people and injecting drug users to identify subgroups of youth who are at highest risk of becoming injecting drug users. The purpose of the Youth Power program is to equip these very high risk youth with the knowledge and skills to make informed, healthy decisions about drug use and sexual behavior. Research has shown that those who socialize with injecting drug users or are exposed to injecting drug use are more likely to inject drugs themselves. Many Central Asian youth between the ages of 15 and 25 are at-risk due to the high prevalence of drug use in the region, a large supply of low-cost drugs, and the overlap between major population centers and drug trafficking hubs.

The Youth Power program separates at-risk youth into three risk categories:

- *Category 1:* Young people regularly socializing with injecting drug users, for example, siblings, partners, friends, or relatives;
- *Category 2:* Troubled youth (i.e. from broken homes, out of school, unemployed, with psychological problems, etc.) living in neighborhoods with high levels of heroin use;
- *Category 3:* Any young person between the ages of 15 and 25 living in neighborhoods where heroin use is common.



The DDRP Youth Power Centers were established along drug trafficking routes in geographic areas that were characterized as “drug using neighborhoods”; parts of cities and oblasts with a concentration of drug trafficking, supply, and use. Using qualitative and quantitative research, PSI mapped the factors that influence youth to initiate injecting drug use and combined this with research on drug trafficking routes to ensure each project focused on cities and communities with the highest concentrations of trafficking and injecting drug use. There are currently seven Youth Power Centers operating in the three DDRP target countries: Tashkent, Samarkand, and Termez in Uzbekistan; Dushanbe, Khujand, and Khorugh in Tajikistan; and Osh in Kyrgyzstan; plus two more Youth Power Centers in Almaty, Kazakhstan, and Bishkek, Kyrgyzstan, operating under the USAID-funded Central Asia Program on AIDS Control and Interventions in Vulnerable Populations (CAPACITY)

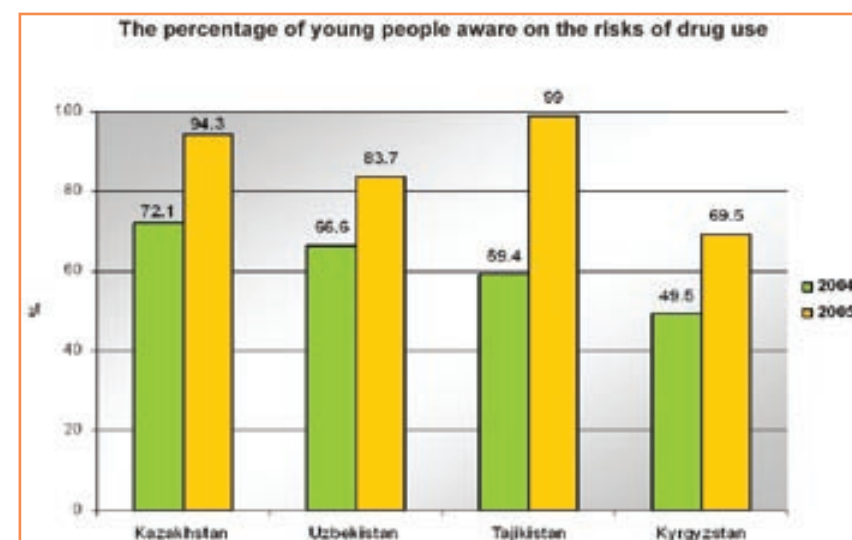
Each Youth Power Center serves as a drug-free, safe place where at-risk youth can socialize. Youth Power Centers employ peer educators recruited directly from the target group and trained to provide behavior change communications with at-risk youth to prevent initiation of drug use as well as reduce both drug-related and sexual HIV risk behaviors. Peer education sessions are conducted at Youth Power Centers, local schools and universities and at locations where at-risk youth socialize, such as cafes, bars, discos, parks, holiday zones, and on the street. Youth Power Centers also provide healthy, skill-building activities as alternatives to drug use. Many drug using youth cite boredom as a reason for starting drugs. Each

Youth Power Center provides a menu of activities based on the target group’s interests. These include: sports, games, vocational training, language lessons, and social groups. Peer counseling is provided by peer educators with personal experience of issues related to drug use. Each Youth Power Center also has on staff one or more professional counselors to provide psychological counseling to at-risk youth with emotional, psychological, or other problems.

What problems does the DDRP Youth Power Model address?

Central Asia is confronted with twin epidemics of injecting drug use and HIV. Rapid social change has made young people especially vulnerable to injecting drug use and HIV transmitted through risky injecting and sexual behavior. Adolescents and young adults face widespread poverty, unemployment and falling rates of enrollment and completion of secondary schooling [2,3]. Illicit drug sales flourish in most major cities, making drugs both cheap and accessible. The situation in Central Asia is increasingly being compared to that in the South East Asian “Golden Triangle”, where HIV epidemics followed drug routes, and infection spread to the general population through sex workers [4].

In 2005, Population Services International (PSI) undertook surveys among young people in Central Asia to find out about the target groups’ attitudes toward



drug use. In Osh, which is representative of many cities in Central Asia where PSI operates, anasha (cannabis) was found to be the most common drug first used, followed by cigarette smoking and then injecting heroin. Boredom, peer pressure, and raising social status within a group were described as the main reasons for starting drug use. In Osh and across Central Asia, there are many mixed-age informal social groups living in residential areas where there are no recreational facilities. Within these groups the older youths frequently have contact with drugs and crime. Individuals who wish to increase their authority and gain the respect of their peers do so through drinking, crime, and drug use.

BENEFITS OF THE DDRP YOUTH POWER CENTERS

Youth Power projects target young people at greatest risk of injecting

DDRP/PSI Youth Power Centers were established in low income areas in cities located along major drug trafficking routes. Youth Power Center services were extensively promoted to the target group in the neighborhood around each center through outreach, word of mouth, seminars, public events and mass media. Young people coming to the Youth Power Centers to access recreational and educational activities were encouraged to participate in a set of fun, interactive peer education sessions on HIV, sexually transmitted infections, heroin and drug use prevention, and other topics to help build their skills to protect themselves from HIV. The education they gained through these sessions was reinforced during Youth Power recreational activities and through random surveys to test their knowledge. In addition, trainers and peer educators identified at-risk individuals through surveys and group discussions to determine their exposure to drugs. Those individuals, who during these discussions, were found to be regularly socializing with people who inject drugs were identified as most at risk of initiating injecting. They were, therefore, made the focus of special attention by Youth Power Center staff and volunteers, who made a special effort to keep them engaged in the program in order to reduce their risk of initiating high risk behaviors such as injecting drugs.

Pragmatic strategies to achieve goals

PSI uses qualitative and quantitative research to determine the factors that influence youth to use and especially to inject drugs. PSI also monitors changes in drug trafficking routes in order to ensure that the program maintains its focus on cities and communities with a high concentration of trafficking and injecting drug use. Support and counseling is provided by peer educators with relevant personal experience and is based on trust that has been built between peer



Khujand Youth Power Center, Tajikistan

educators and the target population. Each Youth Power Center operates as part of the neighborhood. Youth Power staff, peer educators, and volunteers are community-based agents working with community organizations and families as well as vulnerable youth. Youth Power Centers provide opportunities for at-risk youth to bolster their sense of self-worth, and healthy alternatives to drug use such as language lessons, computer training, sports, dance lessons and movie nights. In addition, PSI has demonstrated the effectiveness of outreach in providing youth with education and advice aimed at changing their risk behaviors.

Young people were involved in planning and program implementation [5]

Training of volunteers of the same age as the target group was integral to the success of the Youth Power projects. Volunteers received initial and

PE Name	Date	IUC	District	Mod1	Mod2	Mo
Inna	11/4/2006	taxi296	Uch-Tepa			
Inna	11/4/2006	elux294	Uch-Tepa			
Inna	11/4/2006	taxi296	Uch-Tepa			
Dani	11/4/2006	elux294	Uch-Tepa			
Dani	11/4/2006	taxi296	Uch-Tepa			
Dani	11/4/2006	svpe205	Uch-Tepa			

Input unique identifier codes to the Youth Power database

ongoing training in the principles associated with drug demand reduction. Volunteers were also invited to nominate relevant topics of interest for training sessions. Regular PSI in-house training sessions included education on HIV, outreach, communication skills, gender issues, and drug dependence. Most peer-to-peer volunteers were university students; they reported professional development benefits including group facilitation, leadership and communication skills associated with their involvement with PSI Youth Power Centers. Trainers were selected from among volunteers for additional training of trainers (TOTs) sessions.

Youth Power Centers are a familiar model of structured youth leisure time

The support of local government decision makers for drug demand reduction interventions is crucial. Programs should offer a balanced approach, including provision of HIV prevention and drug demand reduction services for vulnerable groups [6]. The DDRP in Central Asia has filled an important gap by providing such DDR programs to supplement the extensive HIV prevention programs operating in the region. The governments of the region have welcomed this approach and have strongly supported DDRP's provision of much-needed leisure-based interventions with positive youth peer role models, as with the Youth Power Center program [7].

Suite of Services

Because DDRP has implemented Youth Power services together with a suite of other services, there has been a significant enhancement of linkages across youth drug use and HIV prevention services in the sites where PSI projects are operating. This is most evident in the synergies between the Youth Power and Break the Cycle projects. Many conventional forms of drug demand reduction – drug education and prevention activities – assist young non-injectors to understand the risks attached to drug use and, in the case of DDRP in Central Asia, to heroin injecting in particular. With the addition of Break the Cycle projects, prevention efforts address non-injectors through various interpersonal and other communications activities, but also through programs targeting the active injecting drug users who may play a role in initiating at-risk youth to begin injecting.

Together, PSI's services form an overall strategy to prevent both drug injecting and the transmission of HIV/AIDS in Central Asia, in which all elements are working with sufficiently high numbers of each target population in each target site to achieve effectiveness. There is now evidence from developed, developing and transitional countries that a sufficiently high coverage of specific activities and services can prevent, control or reduce an HIV epidemic. Youth Power is a prime example of a high impact, high coverage model for drug use and HIV prevention.

These services are tied together and linked to other DDRP projects and other programs tackling drugs and HIV/AIDS in Central Asia through use of the Unique Identifier Code (UIC). The UIC was developed as part of the monitoring and evaluation framework for Youth Power Centers and is now in widespread use in the region, allowing different programs to track their own coverage levels and also to see the flow of clientele from one program to another (see the Unique Identifier Code Model for further information.)

Giving Youth a Voice

In most parts of Central Asia, authority tends to be vested in age and there is a strong culture of younger people respecting and listening to their elders. In a rapidly changing situation like the current HIV and drug use epidemics, this can be a hindrance to discussions about ways to address these issues, as older people have little experience or knowledge in these areas. Through Youth Power Centers, Central Asian youth are finding safe ways to respectfully engage in dialogue with older members of society about their needs and aspirations. This was demonstrated most forcefully in the play *On Heroin* developed and performed by Youth Power Center clients in Tashkent, based on real-life stories related to drug use and HIV, and subsequently presented to audiences in several cities.

LESSONS LEARNED

This section of the DDRP/PSI Youth Power Model provides an overview of general recommendations and lessons learned from the project. The information in this section serves two purposes: first, to provide a broad project plan or protocol for other organizations seeking to implement drug demand reduction projects in Central Asia and beyond; and second, to capture the best practices observed during the project process, which might serve as a guide in the region.

Pre-project planning

The following points should be considered in the planning phase for projects targeting youth for HIV and drug use prevention in Central Asia.

■ *Define target group characteristics*

The characteristics of the target group should be clearly defined to ensure effective project implementation and monitoring of outcomes. The target group for DDRP/PSI Youth Power projects was defined by examining characteristics of at-risk youth. Initial research determined that youth between the ages of 15 and 25 were at greatest risk of taking up opiate injecting and/or acquiring HIV sexually. In addition, injecting drug users being present in the immediate environment – among friends or family members for example – was regarded as the most important indicator of increased risk of initiating injecting drugs. These findings were supported by a UNAIDS study of Central and East Europe/Central Asia, mostly based on rapid assessments targeting youth most likely to begin injecting drugs or infrequent opiate injectors [8].

The Youth Power projects targeted at-risk youth between the ages of 15 and 25 years in three categories (as described in detail above).

■ *Research the local environment*

A good understanding of the target city is important to reach the target population. Areas of disadvantage, high migrant populations and drug dealing should all be considered. In Osh, the Youth Power Center was located on

trolley bus routes in an easily accessible area to youth from across the city. In Dushanbe, the Youth Power Center was situated in a location where five local bus routes converged, close to several tertiary educational institutions, schools, a military base and football stadium. A nearby park was already used by large numbers of youth, with evidence of drug use. In Tashkent, the Youth Power Center was located on a main road, easily accessible by public transport, in an area with high levels of adolescent unemployment and drug use.

Positive relationships with local authorities are crucial

The local government administration is a crucial point of contact in the pre-project planning phase. The city administration, police, oblast health administration, drug control administration, and youth organizations (e.g. the Kamolot Youth Movement in Uzbekistan) should be contacted to elicit their support and to assist in identifying the neighborhoods where poverty and drug use are concentrated. Approaches to local administrations should be framed in clear terms of assisting local youth at risk of drug use and HIV. In Uzbekistan, formal permission from the local administration was required to conduct public events. In Tashkent, the PSI Youth Power Center's written letters of support and trustful relationships with the local administration proved very useful in securing support for public events and access to educational institutions to deliver drug demand reduction and HIV prevention education.



Role game at the training for the Youth Power trainers

Charismatic and influential advocates

In the project planning phase, consideration should be given to selection of projects led by charismatic and influential individuals. Such individuals can make a significant contribution to project sustainability. This was noted at all sites surveyed.

Organized leisure options have a strong cultural resonance

The absence of Soviet-style youth leisure organizations was identified at several sites as a significant factor contributing to drug use. Soviet-era organizations

such as Pionery (Young Pioneers) and Komsomol (Youth League) are frequently described as having provided youth with strong positive role models and countered the criminalizing and drug use influences of some older youth. As many decision makers and parents retain a positive attitude to Soviet-style organized youth leisure facilities, projects in this and other similar regions should explore the possibility of building on this positive predisposition in the planning phase. Framing activities with reference to secular organized leisure activities may also overcome parental concerns about the provision of free services. In Tashkent, for example, some parents viewed the provision of free services as indicators of religious evangelism or cult recruitment.

Influences of weather and educational cycles

At all sites, peak demand for services reflected both weather and educational cycles. The target group for Youth Power Centers was adolescents and young adults, many of who were university students. The greatest service demand is the early to mid-spring season, in March, before exams, and in September, when students return after vacation. In the summer months, many young people in the target age group return home, go on vacation, or work. Cotton harvest season in the autumn took many youth away from cities and into rural areas for several weeks. During the summer months, fewer seminars were conducted and most volunteers and trainers were also on vacation. In Tashkent, outreach work and events in parks where youth congregated became the focus of Youth Power activities: a focus on external outreach and outdoor activities during the summer months was noted at all sites.



Youth Power team, Khorugh, Tajikistan

Grant process

PSI has a strong presence in each of the three DDRP countries and was able to bring capacity building, monitoring and evaluation expertise, and innovative approaches to drug demand reduction to the Youth Power Centers. The DDRP/PSI organizational structure was able to act as a capacity-building resource to help many local partners increase their ability to operate programs with measurable impact on the target group.

Project commencement

The following elements should be considered during the early stages of a project:

- *Round table project presentation to signal the commencement of the project*
Representatives of all organizations contacted should be invited. These should include invited representatives of the hokimiyat (local government), the local mahallas (community governing committee), the police, the women's committee, oblast health service, senior educational staff from schools, vocational colleges, and universities, drug treatment dispensaries, and the AIDS Center. Consideration should also be given to inviting organizations such as youth organizations (i.e. Kamolot in Uzbekistan), the Ministry of Internal Affairs, mass media, and the Red Crescent Society. In Tajikistan, the PSI Youth Power Center developed strong links with the Ministry of Defense to provide drug demand reduction and HIV prevention education to young people undertaking military service.

PSI is a nonprofit organization based in Washington, D.C. that harnesses the vitality of the private sector to address the health problems of low-income and vulnerable populations in more than 60 developing countries. With programs in malaria, reproductive health, child survival and HIV, PSI promotes products, services and healthy behavior that enable low-income and vulnerable people to lead healthier lives.

- *Project promotion*
A combination of channels should be undertaken for maximum promotional success, including word of mouth, outreach, television, and celebrity visits. Outreach and word of mouth were generally regarded as the most successful forms of promotion. Television was regarded as far more successful than radio in reaching the target population. In Dushanbe, publicity consisted of handouts of booklets and printed advertisements glued to posts over all areas of Dushanbe. In Tashkent, visits by high-profile, young pop music stars were used to promote the Youth Power Center. Discos and night clubs can also be a successful avenue for promoting drug and HIV prevention education among young adults.
- *Setting the rules and age limit at the beginning of the project*
Youth Power Center rules should be in place from the beginning of the project. If syringes or other drug use are found on the premises of a project this may

imperil the project from a legal perspective. In Tashkent, minor infringements such as smoking resulted in suspensions of several days, whereas drug use resulted in longer-term suspension, but with referral to drug treatment or treatment readiness programs. Age should be considered when designing and planning Youth Power Center activities, as exposing younger age groups to older age groups can, in some cases, increase some young people's exposure to risk.

Service delivery

The range of services offered varied depending on the gender and age group of the participants, the geographical location of the Youth Power Center and the prevalence of injecting drug use and HIV in the area. The following lessons learned should assist in service delivery planning and implementation.

- *Opening hours*
In Osh, the Youth Power Center was open five days a week between 09:00 and 17:30. In Dushanbe, the Center was open between 10:00 and 18:00, with the intention of opening between 11:00 and 20:00 during the summer months. In Tashkent, the center was open everyday except Mondays, between 10:00 and 19:00. At all sites, significantly more youth visited centers in the afternoons and early evenings.
- *Friendliness*
Services should be friendly and inviting to encourage word of mouth promotion among the difficult-to-reach target population. Comfortable couches, table tennis tables, DVD players, and television can increase the attractiveness of centers outside structured activity times. Every minute spent at the Youth Power Center means time not spent in temptation to use drugs. Coffee and tea were provided for trainers and volunteers at some sites to give an added incentive to participating actively in the program.
- *Gender balance*
In smaller and provincial cities in Central Asia, adolescent females were likely to be more strictly controlled by parents. Female-only groups were undertaken in Dushanbe and other sites. Specific activities, such as soft-toy making, aimed to increase the attractiveness of the Youth Power Center to young females in Osh and Dushanbe.

■ *HIV and Drug Use Prevention Peer Education*

Youth Power Centers provide peer education sessions with at-risk youth to prevent initiation of drug use as well as reduce both drug-related and sexual HIV risk behaviors. Peer education sessions are conducted at Youth Power Centers and in local schools and universities.

■ *HIV and Drug Use Prevention Outreach Education*

Supplementing the peer education sessions outlined above, Youth Power Center teams also provide outreach educational sessions – essentially miniature versions of the peer education modules – in locations where at-risk youth socialize, such as cafes, bars, discos, parks, holiday zones, and on the street.

■ *English-language classes and computing*

These were especially popular in all locations, as these services could only be obtained elsewhere for a fee. All educators running the groups were appropriately qualified to provide alternative leisure education.

■ *Certification of education*

PSI is considering working with local governments to formalize the skills-building activities offered at Youth Power Centers, for example offering government-approved certificates for the skills that Youth Power Center clients are learning, such as hair styling or computer programming. Skills gained in areas such as English, computing and job seeking, even without formal certification, were nevertheless widely regarded by clients as providing direct vocational benefit.

■ *Range of alternative activities*

Based on the Youth Power projects visited, the following range of alternative activities are likely to be appropriate: computer classes, English, Russian, French, Japanese, and other language classes, video viewing, guitar lessons, sewing, embroidery and knitting, soft-toy making, break-dancing, volleyball, basketball, sports clubs, dance lessons, movie nights and karate.



Break-dance courses at one of Youth Power centers

■ *Directory of services for referrals*

In Tashkent, PSI developed a directory of services provided by external agencies. If PSI was unable to provide a service directly, the organization felt it was important to identify external opportunities (such as scholarship programs) and other drug and HIV services for clients (such as voluntary testing and counseling for HIV).

■ *Public events*

All Youth Power Centers actively maintained a high profile in their local communities. In Osh, this included a bard songs event in the park and DVD movie shows that attracted as many as 250 people. In Dushanbe, PSI was heavily involved in World AIDS Day events. In Tashkent, the Youth Power Center focused on outreach activities at public events during the hot summer months as well as organizing its own sporting events, rap concerts, and group-based competitions overlaid with clear drug demand reduction and HIV prevention messages.

■ *Referrals to drug treatment and HIV prevention services*

PSI in Osh had strong links with local drug treatment and treatment readiness services and provided psychological counseling services. Youth Power Center teams are trained on how to identify and work with young people who might need help accessing drug treatment or HIV prevention services such as sexually transmitted infections testing and treatment and voluntary counselling and testing. However, there



Basketball competition is one of the alternative activities for young people

was a great fear of discrimination and desire to maintain confidentiality. Social exclusion and stigmatization of an entire family can occur if individuals are found to be HIV positive or to be drug users. This fear is reinforced by a general stigmatization and lack of discussion about drug use and HIV. Often discussions and questions were framed in terms of advice on behalf of a third person.

■ *HIV testing*

No pre- and post-test HIV counseling services were offered at Youth Power Centers. Individuals were referred to specialist services for assistance

with HIV and specialist drug demand reduction interventions, either for themselves or other individuals in need.

■ *Psychological counseling*

The Youth Power Centers offered free access to professional counseling services in order to help youth address some of the complex social and psychological pressures that lead some young people to initiate drug use.

Monitoring and Evaluation

The Unique Identifier Code (UIC) was used to track clients within all the Youth Power projects. (Additional information about the Unique Identifier Code appears in the DDRP Unique Identifier Code Model in this series.) Random sample surveys of the youth between the ages of 15 and 25 in each target site tracked changes in knowledge, attitudes, and behaviors among the target group.

LITERATURE REVIEW

This section presents a brief literature review covering issues of drug demand reduction among at-risk youth. It is an overview of theoretical assumptions underpinning the DDRP/PSI Youth Power Model.

Preventing HIV/AIDS Among Young People in Developing and Transitional Countries

At the International AIDS Conference in Toronto in 2006, the WHO released a systematic review of 80 studies of interventions aimed at preventing HIV in young people in developing and transitional countries. This book provides a basis for evidence-informed programming and policies for youth. The following settings and interventions relevant to Youth Power were recommended as appropriate for widespread implementation:

- In the mass media: behavior change communications that employ a range of media and build on principles of good practice.
- In communities: working through existing organizations and structures to reach young people with interventions tailored to them.
- For young people most at risk of infection: interventions that provide information and services to key groups through static and outreach facilities [9].

Patterns of injecting drug use in the former Soviet Union

The patterns of youth injecting drug use in the former Soviet Union and Central Asia are unique. For example, the rise in the availability of drugs and experimentation with them by Russian youth over the course of the 1990s suggests that heroin is highly visible in mainstream youth cultural scenes in many urban settings. The United Nations World Drug Report 2004 ranked Russia third worldwide, behind Iran and Kyrgyzstan respectively, in the percentage of its population between the ages of 15 and 64 who abused opiates, with an estimated prevalence rate of 2.1 percent [10]. Field-based research in three diverse regions of Russia found heroin use transcended socioeconomic status, was relatively more common among young women than young men, and was disproportionately used as an experimental drug by 14-15 year olds [11].

Statistical modeling of Kazakh, Kyrgyz, and Uzbek HIV data by the World Bank

revealed patterns of HIV growth in Central Asia very similar to those in Russia. Using Russia as a reference point, they concluded that without effective policy measures focused on controlling illicit drug use and prevention of HIV spread from high risk groups, particularly among injecting drug users, to the rest of the population, Central Asian countries are likely to replicate the Russian experience [12].

Individual risk and protective factors

In the adolescent mental health literature, the likelihood that an individual will abuse drugs is ascribed to their childhood experiences across a number of potential sources of influence, or domains. Interventions should focus on domains including the individual, family, peers, school, community and the broader social environment [13]. Similarly, drug demand reduction interventions should focus on addressing the risk and protective factors present in a specific situation. Risk factors include social and economic disadvantage, unemployment, changing social controls and values, as well as failing education and health systems [14]. The intensity of interventions should reflect the local level of risk. Universal drug demand reduction interventions, for example, target all youth without identifying those at particularly high levels of risk. Selective interventions target those youth who are deemed more vulnerable to drug use because of personal, family and community risk factors. Indicated interventions are intensive efforts aimed at youth already using alcohol and other drugs and exhibiting other problem behaviors [15].

Bridging populations

There is evidence of increasing sexual transmission of HIV in a number of countries where previously most HIV transmission was related to injecting drug use. This increase may be largely due to injecting drug users and their sexual partners engaging in unsafe sex. In the former Soviet Union, increasing numbers of young people are engaging in sex work, putting them at high risk of being exposed to HIV. In one study in the Russian Federation, six percent of sex workers between the ages of 20 and 24 tested HIV-positive [16]. Sex workers, and especially injecting drug users, often act as the bridge between injecting drug users, their partners and the remainder of the population. In a 2003, CDC study, condom use among young people in the region appeared to be low [17].

Barriers that prevent young people accessing HIV interventions include stigma and discrimination; gender inequality; prejudices against drug users,

men who have sex with men, and commercial sex workers; cultural and religious issues; lack of parental consent; insensitive and judgmental service providers; threatening settings and environments of services; lack of privacy and confidentiality; inability to afford services; restrictive or ambiguous service policies and inappropriate and unacceptable service options [18].

Leisure-based drug demand reduction projects and local authorities

In the former Soviet Union region, some governments have expressed concern when HIV prevention programs have not also supported programs to reduce drug use [19]. Without the support of local officials, it is difficult to obtain permission from police or medical services to work with groups such as sex workers and active drug users.

Projects focused on structuring leisure time are popular with local administrations. In supporting such projects, local governments can demonstrate their participation in drug demand reduction without political risk. In addition, these projects are likely to be considered culturally compatible with Soviet-era structuring of young people's leisure activities, and therefore, less likely to meet resistance from local administrations. A multi-site study in the Russian Federation in 2003 demonstrated the effectiveness of such an approach [20]. A study conducted in Sochi, documented the implementation of one such project in the following stages:

- Age-appropriate lectures and workshops on drug addiction by appropriate professionals;
- Promotion of healthy lifestyles through sports, art and theatrical productions;
- Rewards for participation and prizes as well as identification of potential youth leaders;
- Training of youth leaders to work as peer educators;
- Peer education stage, where the youth leaders conduct workshops and face-to-face work with their peers [21].

Peer education

There is evidence that peer-to-peer programs can have a positive impact in reducing drug use and HIV transmission [22]. Youth peer education has

evolved out of a common recognition that young people, and particularly adolescents, are more inclined to see their peers as credible sources of health information in stigmatized areas such as sexual health and drug use [23]. In Russia, peer educators have been found to be attractive role models and have developed techniques to resist peer pressure [24].

Peer education programs in Russia emphasized the indirect positive consequences of taking part in these projects including skills acquisition and personal development. These aspects of peer education were noted in a Scottish study that evaluated new ways of working with young people in the areas of sexual health, HIV/AIDS and drugs. The Scottish study found that the number of young people who emerge from projects able to run formal sessions as trainers in their own right may be quite small. However, the amount of work they undertake and the numbers of educational contacts they make may be quite considerable. Secondly, the practical experience of running formal sessions is the foundation, which gives them the skills and confidence to work informally on their own. Thirdly, while the formal educational sessions they conduct may be relatively limited, the opportunity for more detailed and in-depth discussion is greater on a one-to-one basis with one or a few good friends. Consequently, the real benefits and outcomes of a project may only become evident after peer educators end their involvement in formal peer-to-peer activities [25].

INDIVIDUAL PROJECT DESCRIPTIONS

This section provides an overview the DDRP Youth Power Model development process. There are Youth Power Centers in three cities reviewed in this section:

- Osh, Kyrgyzstan
- Dushanbe, Tajikistan
- Tashkent, Uzbekistan

(Refer to the page 29 for a complete list of all DDRP-funded Youth Power projects.)

Youth Power Center, Osh, Kyrgyzstan

Osh is an ancient Silk Road city in the Ferghana Valley of southern Kyrgyzstan. Osh is the second largest city in Kyrgyzstan and the regional administrative center. It has an ethnically mixed population of about 214,000 (2003), comprising ethnic Kyrgyz, Uzbek and Tajik populations. The Uzbek border lies nearby, and the city has several very large outdoor markets. Osh is regarded as a more religious and conservative city than Bishkek, the national capital. Osh lies on major drug routes from Afghanistan and has one of the highest rates of injecting drug use, commercial sex work and HIV infection in Kyrgyzstan.



Youth Power peer educators teaching young people about the risks of heroin use

The Osh Youth Power Center opened in January 2004, in a large two-story building, in an affordable residential district of the city. DDRP/PSI undertook extensive research before selecting an appropriate site. The Youth Power Center is located in an area that easily accessible by trolleybus, one of the main means of public transport in the city. The center is close to a district in Osh where drug dealing and drug use was common.

Discussions with clients revealed that the Youth Power Center had a very positive reputation among local youth, who preferred coming to the center to spending their spare time on the street.

The Osh Youth Power Center was actively expanding its range of services at the time of the site visit. Service delivery settings included:

- Peer education sessions on drug demand reduction and HIV prevention were provided at educational institutions such as schools, universities, and vocational colleges. In addition, PSI volunteers and trainers regularly provided drug demand reduction and HIV prevention education to disadvantaged orphans and disabled youth in a local boarding school.
- Outreach educational sessions on drug demand reduction and HIV prevention were conducted two times each week, with outreach workers going out in pairs to cover most of Osh.
- Alternative activities were provided at the Youth Power Center, including English and French language lessons, computer literacy, a movie club, guitar group, sewing, embroidery and knitting lessons. In addition, sport events were conducted and attracted a significant number of clients to the center.
- Referrals to drug treatment and HIV prevention services were provided, as needed, during or after education sessions, when individuals could approach trainers for advice about their own or others' drug use.
- Psychological counseling was also available at specific times each week at the Youth Power Center.



Youth Power centers offer foreign languages study classes

The project employed full- and part-time staff including a director, psychologist, accountant, volunteer coordinator, three security guards and a technical support staff member. In addition, the center employed a team of peer educators and outreach workers.

Youth Power Center, Dushanbe, Tajikistan

Dushanbe is the capital of Tajikistan (562,000 population, 2000.) The city was damaged during the Tajikistan 1992-97 Civil War. PSI chose the site for the Dushanbe Youth Power Center following extensive research. The selected site was adjacent to a large park near the city center and serviced by several bus routes. A large park adjacent to the Youth Power Center had long been a popular meeting place for young people from all over Dushanbe. In addition, a nearby football stadium, several schools, universities, vocational colleges and a military base ensured easy access to the target population. Discussions with clients suggested that the Youth Power Center had a very positive reputation among local youth.

The following services were provided:

- Seminars on drug demand reduction and HIV prevention were provided at educational institutions and other sites including military bases, boarding schools, universities, and vocational colleges. In addition, PSI volunteers and trainers regularly provided both clothing and drug demand reduction education to disadvantaged orphans and disabled youth at a local boarding school. Various videos on drugs and HIV (including interactive drug demand reduction videos "Karate," "Gold Tooth" and "Pandemic") were frequently used and were popular educational tools.
- Outreach to youth: Outreach education on drug demand reduction and HIV prevention was provided at multiple sites around Dushanbe where young people gathered and at universities during lecture breaks.
- Alternative activities at the Youth Power Center included embroidery, sewing, soft-toy making, volleyball, and an electronics group. English language instruction was by the far the most popular activity. Hindi, karate and basketball were also offered.
- Psychological counseling was also available at specific times each week at the Youth Power Center.



Launching the new Youth Power center in Khujand, Tajikistan

The project employed full- and part-time staff including, a director, psychologist, volunteer coordinator, and security guards. In addition, the center employed a team of more than 15 peer educators and outreach workers.

Youth Power Center, Tashkent, Uzbekistan

Tashkent, the capital of Uzbekistan, is a city of 2 million people (2004) and has high rates of sex work and injecting drug use. Tashkent attracts many young unskilled workers, who seek to escape the high rural unemployment of Uzbek villages. The PSI Youth Power Center in Tashkent was located in the 9th Quarter of Chilanazar District, in a shop front-style building on a main street known for street-based commercial sex work and drug use. Chilanazar is one of the oldest and most densely populated residential districts of Tashkent.

The Youth Power Center enjoyed a good reputation in the area among clients, parents, and community leaders. This was greatly assisted by the excellent relations with the local municipal administration and police which were manifested in several episodes where local schools, who initially did not wish to allow PSI to conduct educational seminars on their premises, were persuaded to do so by mahalla authorities. Access was facilitated through written support from the local administration, which described PSI as a partner with the local government in the provision of drug demand reduction and HIV prevention education to youth.

The following group activities were offered at the PSI Youth Power Center in Tashkent:

- Peer education sessions on drug demand reduction and HIV prevention were provided at educational institutions such as schools, universities, and vocational colleges.
- Outreach educational sessions on drug demand reduction and HIV prevention were conducted each week in sites where at-risk youth congregate, including in parks, discos, cafes, and on the streets.
- Alternative activities included English, German, Russian and Korean language lessons, breakdance and Arabic dancing lessons, DVD and cable TV watching, sports activities and events including streetball, volleyball, soccer, and table tennis.
- Sessions to improve youth communication and socialization skills and group games and competitions focused on HIV prevention and drug demand reduction education were conducted.

In addition, individual private professional psychological counseling

services – covering areas of concern to young people as diverse as relationships and job-seeking advice to drug abuse and family problems – were provided.

The Youth Power Center in Tashkent employed a director, a volunteer coordinator, security guards, and psychologists as well as a team of about 20 peer educators and outreach workers.

REPLICATION

DDRP/PSI Youth Power Centers are part of the community: All Youth Power Centers were popular in their communities. The PSI Youth Power model is a non-controversial intervention that could be replicated and sustained by local governments or non-governmental organizations (NGOs) throughout the region and beyond, to any area where preventing young people from initiating injecting drugs is considered an important social goal. Many NGOs and government programs are already beginning to incorporate, in whole or in part, the Youth Power model into their HIV and drug use prevention strategies in Central Asia.

Sponsorship and support

While commercial sponsorship was viewed as difficult, Youth Power projects were popular with governments and embassies as showcases for their activities. Donations from other U.S.-funded projects were helpful in furnishing Centers, and donations of books from the U.S. Embassy assisted the project.

Socioeconomic status of districts and injecting drug use

Disadvantaged areas of cities should not be regarded as being the only areas in which youth are at high risk of injecting drug use. In early 2006, the PSI Tashkent Youth Power Center started to expand services to adjacent Yakkasaray District. That district had a higher socioeconomic status than Chilanazar, the original target site. PSI staff regarded Yakkasaray youth as being equally vulnerable to drug use because they had easy access to money to buy drugs. By contrast, Chilanazar youth could frequently not afford to buy drugs. Some reported, “If I had money I would use heroin. But I don’t, so I drink vodka.” Youth in disadvantaged districts might need to resort to other (i.e. illegal) means to get money for drugs, exposing themselves to the dual risk of drug use and crime. Youth in more privileged districts, while less in need of resorting to crime to get money for drugs, are just as, or perhaps more, vulnerable to drug use due to their ease of access to funds to pay for drugs.

GLOSSARY

Anasha: Cannabis derivative

Drug demand reduction: Policies or programs directed towards reducing the consumer demand for narcotic drugs and psychotropic substances covered by the international drug control conventions (the Single Convention on Narcotic Drugs of 1961, as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988). The distribution of these narcotic drugs and psychotropic substances is forbidden by law or limited to medical and pharmaceutical channels [26].

Hokimiyat: City administration

Kamolot: Uzbek youth organization

Komsomol: Soviet-era youth organization

Pionery: Soviet-era children's organization

Mahalla: Traditional Central Asian local neighborhood structure with limited responsibilities for local affairs including family welfare and minor disputes

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Tashkent, Uzbekistan
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Samarkand Youth Power Center

33 Kattakurganskaya Street, Samarkand, Uzbekistan
Tel: (998 3662) 22-37-29

Termez Youth Power Center

41a Navoyi Street, Termez, Uzbekistan
Tel: (998 376 22) 7-27-71

Dushanbe Youth Power Center

54 Shotemur Street, Dushanbe, Tajikistan
Tel: (8-10-992-37) 221 78 84

Khujand Youth Power Center

Micro District 18, Khujand, Tajikistan
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Khorugh Youth Power Center

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